UTILITY PATENT APPLICATION TRANSMITTAL

Address to: Box PATENT APPLICATION Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450					Attorney Docks	et No.	WANG3237/EM		
					First Named In (or identifier)	ventor	deng-Jen WANG		
					Total Pages	4	1		
Transmitted herewith is a patent application under 37 CFR 1.53(b).									
Entitle	ed:	Multi-0	Chips Stacked Package						
8	Submitted herewith are the following:								
		12 pages of specification, including claims and Abstract. 4 sheets of FORMAL drawings (Figs. 1-6). 23 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 Assignment of the invention to Advanced Semiconductor Engineering, Inc., Kaoshiung, Taiwan, R.O.C., Cover Sheet, and payment of the \$40 recordal fee. 1 certified copy of Taiwan application no. 092109653. Priority is claimed. 1 check in the amount of \$864 (\$770- Filing Fee; \$54- Extra Dependent ClaimFee; \$40- Assignment Recordation Fee).							
	2.	SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.							
⊠ ;		The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.							
		Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed							
	5.	Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application number filed							
		Other:							
The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.									
THE FILING FEE IS CALCULATED AS FOLL					DLLOWS:		Basic Fee:	\$770.00	
Total Claims:			23	- 20 =		3.00	X \$18 =	\$54.00	
Independent Claims:			2	- 3 =		0	X \$86 =	\$0.00	
Correspondence Address: BACON & THOMAS, PLLC 2336					4	Multiple Dependent Claim (add \$290.00):		\$0.00	
625 SIa	aters I	_ane, 4 th F	loor	CUSTOMER NUM		Subtotal:		\$824.00	
Alexan	una, \ 	VA 22314-				50% Reduction if Small Entity Status:		\$0.00	
Phone: 703-683-0500 Fax					03-683-1080)	Total:	\$824.00	
Date:			Name:			Signature:		Reg. No.	
April 9, 2004			Eugene Mar				25 893		